Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

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Lt. Governor

Hearing Aids and Audiological Services Application (Page 1 of 2)

NOTE: All fields on this application are required for processing.

A. Patient Information

Patient's Name (First, Middle Initial, Last)			**Patient's Date of Birth** (Mo, Day, Yr)
Address (Street, PO Box, RR or RFD. Apt. #)			
City:	**State:**	**Zip Code:**	**Telephone Number:**
Street, address and city where you actually live, if different from mailing address:			
Parent/Guardian's Name (First, Middle Initial, Last):			**Parent/Guardian's E-mail Address:**

B. Insurance Information

Do you have Medical Insurance?

☐ **Yes** ↓ ☐ **No** ↓

1. **If you answered *Yes* above; list the name of your Medical Insurance Company**.	1. **If you answered *No* above; have you applied for Medicaid/*hawk-i* within the last year?** ☐ **Yes** ☐ **No**
2. **Do you have coverage for routine Hearing Aids through your medical insurance?** (this would include policies with deductibles) ☐ **Yes** ☐ **No**	2. **Have you been denied from Medicaid/*hawk-i* in the last year?** ☐ **Yes** ☐ **No**
Please send a copy of your Insurance Benefit Summary with this application as proof of the box chosen.	***If you don't have Medical Insurance, you are required to have a Medicaid/hawk-i Denial to be eligible for our funding. Please send a copy of the denial with your application.***

C. Audiological Provider Information

Audiologists Name and Clinic Location- For a list of available providers see:
http://www.idph.state.ia.us/iaehdi/common/pdf/hearing_care_directory.pdf

Provider Phone Number:	**Have you had ever had an appointment with the provider listed above?** ☐ **Yes** ☐ **No**

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A message to the parents…

Limited funding was made possible through an appropriation by the Iowa Legislature during the last legislative session. The intent of this funding is to provide payment for hearing aids and/or audiological services for children who otherwise would not be able to afford these services. We ask that you only apply for this program if the needed hearing aids and/or audiological services are not fully covered by another source and would produce an undue financial hardship for your family. Your consideration will ensure that the greatest number of children will be served by this funding. For a list of eligible audiological services, please review the Frequently Asked Questions link at: http://www.idph.state.ia.us/iaehdi/common/pdf/faq_funding.pdf .

My signature indicates that I agree that the information contained in this application is accurate and may be shared with the hearing aid or audiological services provider listed in this application for the purposes of payment.

Signature of Parent/Guardian	**Date**

Thank you for your interest in the Hearing Aids and Audiological Services Program!
Please mail or fax completed applications and required documents from **Section B: Insurance Information** to:

Provider Claim Systems
P.O. Box 1608
Mason City, IA 50402-1608

Fax: (641) 422-2713
Phone: (800) 547-6789

641—3.20(82 GA, HF811) Appeals.
The department shall cause an applicant to be notified of the department's decision to approve or deny an application or to place an applicant on the child hearing aids and audiological services waiting list. In the event an applicant is dissatisfied with the department's decision, the applicant may submit a formal appeal in writing to the EHDI advisory committee. Such request shall be delivered in person or shall be mailed by certified mail, return receipt requested, to EHDI Advisory Committee, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319. Upon receipt of such an appeal, the EHDI advisory committee shall review the case and issue a written determination within 15 days of receipt of the request. The decision shall refer to the applicant by initials or other nonidentifying means. The EHDI advisory committee's decision shall be final and binding. This appeal process does not constitute a contested case proceeding as defined in Iowa Code chapter 17A.